



BC FOUNDATION

Personal Reimbursement for Open PO

ALLOW 5-7 WORKING DAYS FOR PROCESSING AFTER IT REACHES BC FOUNDATION OFFICE

Purchase Order #: _____

ISSUED TO: Name _____
Address _____
City, State, Zip _____

IMPORTANT: BC Foundation is NOT RESPONSIBLE for material or services purchased without proper authorization

Date of Purchase	Receipt (Listed Individually by purchase receipt)	Receipt Amount
Total Amount to be Reimbursed:		
Activity / Purpose:		Date of Activity:

Approved By: Submitted by name of Department/Program	Program Manager/ Director:	Dean / Vice President:
	Name: _____ Title: _____ Signature: _____ Date: _____	Name: _____ Title: _____ Signature : _____ Date: _____
BC Foundation Approvals		
_____ BC Foundation Accounting Manager, Date		_____ BC Foundation Executive Director, Date